

THE VOLUNTARY MEDICAL INSTITUTIONS OF BRISTOL

C. BRUCE PERRY



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The Voluntary Medical Institutions of Bristol is the fifty-sixth pamphlet to be published by the Bristol Branch of the Historical Association. The author, Professor C. Bruce Perry, is Emeritus Professor of Medicine in the University of Bristol and has made a number of studies of Bristol medical history, including *The Bristol Royal Infirmary 1904–1974* which was published in 1981.

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The next pamphlet in the series will be a study of the history of the Bristol wine trade by Anne Crawford.

A list of pamphlets still in print is given on the inside back cover. The pamphlets may be obtained from most Bristol booksellers, from the Porters' Lodge in the Wills Memorial Building, from the shop in the City Museum or direct from Peter Harris, 74 Bell Barn Road, Stoke Bishop, Bristol 9.

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The illustration on the outside of the cover shows the Bristol General Hospital in 1832.

THE VOLUNTARY MEDICAL INSTITUTIONS OF BRISTOL

In the early eighteenth century the problem of the sick poor was impinging on the public conscience. There was increasing wealth and with it a reawakening of the philanthropic spirit, and there was also another stimulus to this interest in increasing medical skill. Between 1720 and 1825 over 150 hospitals and dispensaries were founded in Britain, all the outcome of individual initiative and of voluntary effort and subscriptions. The main features of these "voluntary" hospitals were that they were entirely dependent on gifts and legacies, they were administered by Governors appointed by the subscribers, the medical and surgical staff were honorary and received no salary and the patients were not required to pay fees. This philanthropy did not go uncriticised. Bishop Burnet was against it and urged a tightening up of parochial relief.¹ In the debate on the Mortmain Bill of 1736 in the House of Lords, it was argued that "... if you give a man any hopes of being well-provided for in his old age or sickness or having his children educated and his friends relieved . . . without putting him to any expense, I believe there is not one in a hundred will either labour so hard or live so frugally as he would otherwise have done."²

The first two of these voluntary hospitals were in London. The Westminster was opened in 1720 largely due to the initiative and drive of Henry Hoare, the banker of Stourhead, and Guy's was established in 1725 by Thomas Guy, who had been a governor of St. Thomas's for many years. The provinces were not slow to follow. Thanks to the efforts of Alured Clarke, a prebend of Winchester Cathedral, a hospital at Winchester (now the Royal Hampshire Hospital) admitted its first patient in 1736. Bristol was not far behind. In 1736 some "well disposed persons held a

1. G. Burnett, *History of Our Time*, Oxford, 1823, vi, 23.

2. W.H. McMenemy in *The Evolution of Hospitals in Britain*, ed. F.N.L. Poynter, 1964, p. 50.*

meeting in which they resolved to endeavour at the establishment of a public charity".³ They were motivated by the realisation that "many sick persons languish and die miserably for want of necessaries . . . for want of accommodation and proper medicines . . . and desiring as far as in us lies to find some remedy for this great misery of our poor neighbours," and they resolved that "we whose names are underwritten do subscribe the following sums of money to be continued yearly during pleasure, for the procuring, furnishing and defraying the necessary expense of an Infirmary at Bristol for the benefit of the poor sick, who shall be recommended by any of the Subscribers or Benefactors in such manner as the majority shall direct." Seventy-eight persons signed this memorandum, promising subscriptions of from two to six guineas annually. Some people have seen in the last part of this a hidden inducement to elicit subscriptions in that subscribers alone had the power to recommend patients for admission to the hospital. Certainly admission on a subscriber's recommendation or "ticket" was for very many years a common feature of the voluntary hospitals.

After considerable discussion the site chosen for the Infirmary was in Maudlin Lane and consisted of "a loft, warehouse, cellar and other buildings and waste ground." A Committee was appointed to prepare the "house" (as the Infirmary was called for many years) for patients. The first of these, 17 men and 17 women, were admitted in December 1737. The opening of the Infirmary was celebrated by a church service at St. James attended by the Mayor and Corporation, the Faculty (by which title the honorary medical staff was known) and the Trustees, i.e. the subscribers. The sermon was preached by the Dean and the service was followed by dinner at the Nag's Head in Wine Street.

The foundation of the Bristol Infirmary, the second provincial voluntary hospital in England, was largely due to the work and enthusiasm of two men. The first was John Bonython, a Cornishman who became the first physician. The second was John Elbridge, the Controller of H.M. Customs who had been born in Massachusetts. He himself gave at least £1,500 for building and furnishing the hospital in its first two years. The Infirmary was not his only philanthropy, since he built and endowed a school for twenty four girls in Royal Fort Road at the top of St. Michael's

3. For a history of the hospital, see G. Munro Smith, *A History of the Bristol Royal Infirmary*, Bristol, 1917.

Hill. At his death he left £5,000 to the Infirmary and £3,000 to his school for girls. Before any patients had actually been admitted the committee appointed nine of the Trustees as House Visitors. Their duties were "to inspect all the affairs and management, to examine into all the expenses and to give directions as they shall think most to the interests of the Charity." They took their duties very seriously and on their second meeting on 19 December 1737 they "examined the beer and find it not good enough for the price." In March 1769 these House Visitors were given the duty of examining all persons offering themselves as patients and had to certify that they were qualified according to the Rules of the Society. This rule was no doubt introduced in an effort to prevent hospital abuse and the admission of chronic sick and incurable patients. As late as the 1930's any patient in hospital for more than three months had to be reported to the Committee which required a statement of the reason.

The visitors were not only required to supervise the admission and discharge of patients, but also to record the attendance of the Physicians and Surgeons. As might be expected there was a protest from the honorary staff who finally wrote to the Committee that they "think themselves obliged to discontinue their attendance until such Rule shall be repealed." This resulted after six months in a special and rather noisy meeting of all the Trustees which repealed the offending rule to shouts of "No new rules."

Although the administration was in the hands of the Committee, all the subscribers were entitled to take part in the election of members of the honorary medical staff. Understandably these elections aroused great interest in the City and there was much canvassing in the local press. Later this became more formalised, but as late as 1930 the election Committee of the General Hospital consisted of about 80 members. In 1751 a chaplain was appointed, the local clergy collecting to provide him with an honorarium of £20 a year. On his death there was much argument as to the need of a chaplain. One nonconformist subscriber declared that "the House was no more in need of a chaplain than it was of a fishpond." However, the matter was solved in 1775 by the Corporation of Bristol and the Society of Merchant Venturers each promising £20 a year to a chaplains' fund.⁴

Towards the end of the eighteenth century it became clear that

4. Patrick McGrath, *The Merchant Ventures of Bristol*, Bristol, 1975, p. 207.

the Infirmary required a larger building and a Committee was appointed to advise on the most suitable site. Some people, including most of the medical staff, favoured moving "into the country" on a site near the Red Lodge. This, as might be expected, was strongly opposed by Mr. Tyndall of the Park. Finally it was decided to rebuild on the old site in stages. The central block was completed in 1792, the east wing in 1805, and the west wing in 1811. However, despite two special appeals, shortage of funds, an ever present problem, delayed the opening of the latter for three years. The resulting building was essentially the present "old building." From time to time during the nineteenth century improvements and extensions were carried out, and by 1870, despite a number of large legacies, the deficit was £8,000. Five years later the Committee became very worried about the drains and, it was alleged, an insanitary water supply, and it set about a complete renovation of the building. This cost £15,000, partly met by selling investments, partly by a special appeal in 1881 which succeeded in wiping out the whole debt. Nevertheless, despite all efforts to minimise expenditure and to increase subscriptions, by the end of the century the Infirmary expenditure exceeded income by £4,000 a year, and there was an accumulated debt of over £15,000. When in 1904 Sir Charles Cave, who had held the combined office of President and Treasurer for 24 years, resigned he recommended that five or six wards should be closed and capital sold to pay the debt. However, Sir George White who was elected to succeed him took quite a different view. He made vigorous efforts to increase subscriptions and issued an appeal to abolish the debt. This was successful, largely as the result of his own (£7,514) and his brother Samuel's (£4,075) contributions. Not satisfied with this he set about raising funds for a new surgical wing, which became known as the King Edward VII Memorial Building and was opened in 1912. The original estimated cost of this was about £48,000, but when the necessary extension to the nurses' home was completed as well as essential renovations to the old building, the total cost was £137,000 and, despite the appeal and the sale of all possible investments, there was a debt of over £12,000. At the same time annual income was about £12,500 and ordinary expenditure £20,000.

By 1830 it was clear that the Infirmary could not cope with all those needing its help, and in February 1831 a group of benevolent persons realising this met for the purpose of devising some other means for the "mitigation of the miseries they deplored." The year

1831 was hardly a propitious one for such a venture. There was general financial depression, the Reform Bill riots in Bristol in October resulted in part of Queen Square being burnt, there was famine in Ireland and cholera was widespread in England. However, the “benevolent persons”, many of whom were Quakers, persisted. A meeting of subscribers was held in the Guildhall and a Committee of 30 appointed. The title of Bristol General Hospital was chosen and two houses in Guinea Street purchased.⁵ Following the custom of other voluntary hospitals, it was agreed that all the staff, including the Apothecary and the Matron, should be elected by ballot of every subscriber or his or her proxy. The fact that the plans for the General Hospital actually came to fruition was largely due again to the efforts of two men – George Thomas, a wholesale grocer and ardent Liberal who became the first Treasurer and later the President, and his great friend Joseph Eaton, wholesale ironmonger, Quaker and earnest opponent of the slave trade. The Hospital was formally opened on 1 November 1832, but within six months it was in financial difficulties and the beds had to be reduced to ten. However, a special canvas of the neighbouring parishes, church collections, and collecting boxes in places of work, saved the situation and by 1847 thirty beds were available. Three years later plans were made for a completely new building which was completed in 1858 on a site near Guinea Street. This cost £28,000, towards which Joseph Eaton gave £5,000 and on his death in 1858 he left another £3,500 in his will. Wards were named after contributors of £1,000 or more and, in recognition of the penny a week contributed by work people at their place of work, one was called Artisans. In an effort to help the finances of the voluntary hospitals Hospital Sunday was inaugurated in 1860, the proceeds being shared between the Infirmary and Hospital. Eighteen years after the General Hospital had been completed it was realised that the sanitary arrangements were far from adequate and the Hospital was closed for four months while this was rectified.

In 1890 an extension was built, largely as a result of a bequest from Mr. J.W. Dodd. In 1914 a further large addition was made to the building, financed by special contributions from Mr. Proctor Baker, Mr. George Wills, Mr. Storrs Fry (who also left the

5. See J.O. Symes, *A Short History of the Bristol General Hospital*. Bristol, 1932.

Hospital £25,000 in his will) and Mr. Fenwick Richards, who also gave the Hospital chapel and in his will left a further £60,000. These benefactions considerably relieved for a time the Hospital's financial difficulties. Further help came in 1916 with the legacy of Mr. Capern, which after much litigation resulted in the Infirmary and Hospital each receiving £45,000. During the 1920's the General Hospital profited greatly from the interest of Sir George Wills and his family. In 1927 he provided a new Nurses' Home in memory of his wife, and the following year his children gave an endowment for its upkeep. Despite all this, by 1935 there was an annual deficit of £13,000 and a bank overdraft of over £28,000.

After the 1914-18 war there was much talk of possibly amalgamating the Royal Infirmary and the General Hospital, which for nearly 100 years had existed in not always friendly rivalry. The Royal Infirmary had been for long largely supported by members of the Church of England and Tories, and the General Hospital by nonconformists and Whigs. Hence it was said that patients going to the Infirmary would receive a sovereign remedy, but those at the Hospital a radical cure. Two of the reasons urged for amalgamation were firstly the increasing specialisation of medicine necessitating special skills and equipment which it was costly to duplicate, and secondly the need to improve the clinical facilities for medical education. In 1920 in an attempt to promote the scheme Mr. H.H. Wills placed in the hands of Trustees £105,070 to be handed over to the central authority if the Infirmary and Hospital amalgamated by 31 December 1920. Failing this, the money was to be given to the Infirmary absolutely. The General Hospital refused to agree to the amalgamation and all the securities deposited by Mr. Wills were handed over to the Infirmary which considerably relieved its financial difficulties.

In 1914 the workers asked for representation on the Committee of both voluntary hospitals in recognition of their contributions which were quite considerable – about £5,000 a year to each institution. This request was agreed and workers' committees were established. These appointed two representatives on to the management committees.

Financial difficulties continued to be a problem and in 1920 the Infirmary and Hospital agreed that all patients, except the truly necessitous, should be charged a flat rate of £1.1.0 a week. Out-patients were to be charged 6d. and a further 6d. for medicine or dressings. This necessitated the appointment of "almoners" to assess their ability to pay. It was found that about half could afford

no payment and many more paid at a reduced rate. It was stressed that no part of this was a contribution in return for medical services. This really ended the "Charity Universal" which had been adopted by the Infirmary as its motto in 1749.

In 1927 in a further effort to help the finances of the voluntary hospitals the Lord Mayor proposed the establishment of the Bristol Medical Institution's Contributory Scheme. Members paid a weekly contribution and when hospital treatment was needed they were entitled to this free, no enquiry being made. In order to prevent possible abuse, membership was limited to those with an income of less than £300 a year.

It was seventeen years before the amalgamation mooted in 1920 was agreed by the two Institutions and on September 15th 1939 the Charity Commissioners made the final order constituting the Bristol Royal Hospital. Its management was to be carried out by a Hospital Board consisting of representatives of the Honorary Medical Staff, the University of Bristol, the City Health Committees, the Works Governors, the Approved Contributory Schemes and co-opted members.⁶ In this way the Royal Hospital continued until taken over by the National Health Service in 1948.

Closely allied to the Voluntary Hospitals in outlook and organisation were the Dispensaries. The Bristol Dispensary was opened in 1775 in Pen Street, but later it moved to Castle Green with a branch at Malago Road, Bedminster.⁷ Its objects were firstly to provide medical officers to give advice at the Dispensary and to visit the sick at their own dwelling and to supply all such medicines as might be necessary. For this purpose the City was divided into districts, each with its Medical Officer. Secondly it was designed to assist poor lying-in women by providing them with the assistance of trained midwives, and in cases of difficulty with medical assistance. In its first 58 years it dealt with 23,221 midwifery patients and supervised the birth of 23,323 children. It is interesting to note that although Edward Jenner's book on vaccination against smallpox by means of cowpox inoculation was not published until 1798, within three years cowpox inoculations were being carried out at the Dispensary every Tuesday and

6. See C.J.G. Saunders, *The United Bristol Hospitals*, Bristol, 1965.

7. See the *Annual Reports of the Bristol Dispensary*.

Friday. The Dispensary was financed by donations and subscriptions. Subscribers received a number of "notes" depending on the amount subscribed. These could be given to deserving patients and entitled the recipient to one month's treatment. At first the Medical Officers were honorary, but later received a salary. The Dispensary was very successful and many firms became big subscribers, since this enabled them to ensure that their employees and their families could obtain medical attention when needed. After the implementation of the "Lloyd George" National Insurance Act in 1913⁸ the clientele of the Dispensary was largely confined to women and children, since the vast majority of working men now had a "panel" doctor. The building in Castle Green was destroyed by bombing in 1940.⁹ It moved to premises loaned by the Guild of the Handicapped in Bragg's Lane, but the work of the Dispensary ceased with the advent of the National Health Service in 1948.

The funds of the Charity are now administered by the Municipal Charities. The present clerk, Mr. T.C.M. Stock, was preceded in the office by his great grandfather, his grandfather, and his father. An extraordinary record of interest in and work for a charity by one family.

The Clifton Dispensary was opened in Dowry Square in 1812 at the sole expense of Thomas Whippie Esq. It was run on exactly similar lines with a system of subscribers' notes. It, too, survived until 1948 and the Charity is also now administered by the Municipal Charities.¹⁰

During the 19th century various other dispensaries were started and had a varying existence. In 1838 at their own expense six surgeons opened the Bristol Vaccine Institution at 19 St. Augustine's Place. Each child vaccinated was required to pay sixpence, but this was refunded if it was brought back for inspection a week later. This presumably was to ensure that the vaccination had been successful and possibly also to provide material for further vaccinations.

8. The Act was passed in 1911 but not implemented until 1913.

9. See *Annual Reports of Bristol Dispensary*. At this time, it was admitting about 10,000 patients a year. In its first one hundred and twenty one years, it admitted 452,000 sick patients and over 46,000 midwifery patients.

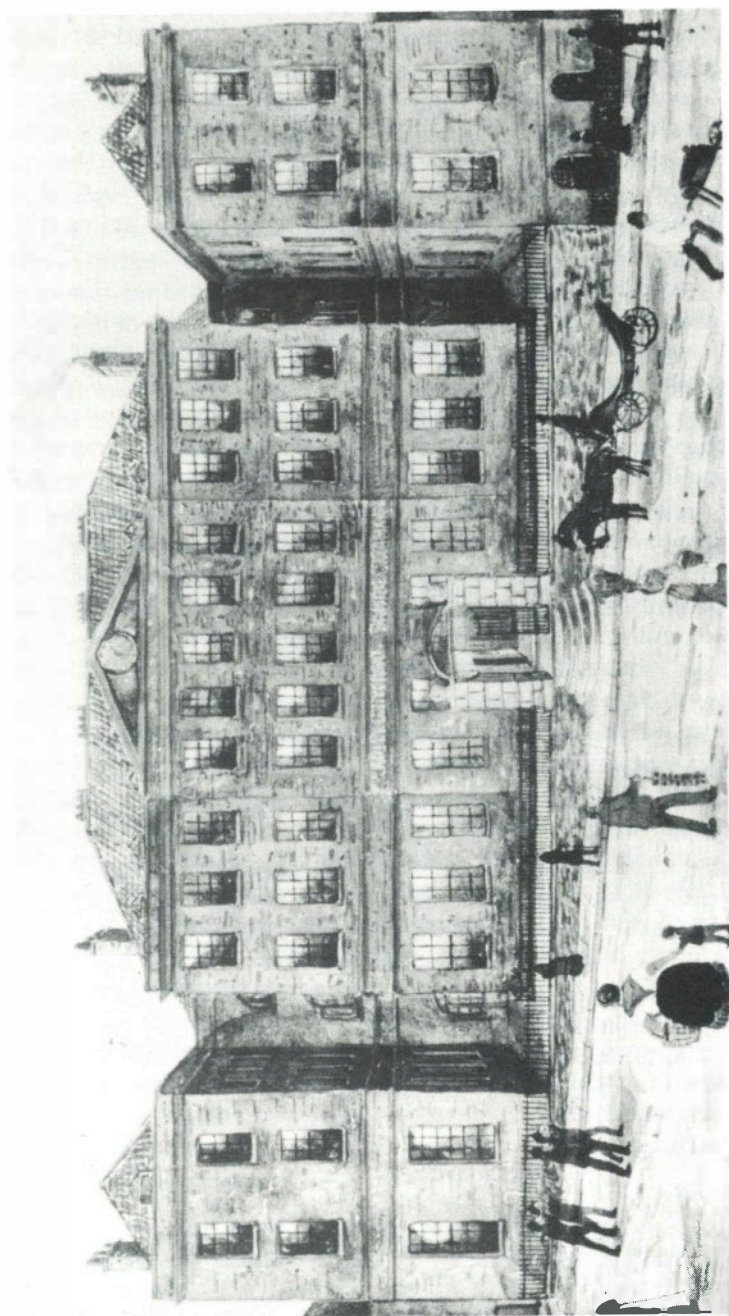
10. *Annual Reports of the Bristol Dispensary*. C.J.G. Saunders, *The United Bristol Hospitals*, 1965.

In 1860 the Redland Dispensary was established in 3 Grove Buildings, Redland. Then in 1874 Miss Read founded the Read Dispensary for Women and Children. This is of interest since the first honorary physician was Dr. Eliza Walker Dunbar, who in 1875 opened the Walker Dunbar Hospital in Berkeley Square, which subsequently moved to Clifton Down Road. She had previously been appointed Resident Medical Officer to the Hospital for Sick Children and Women.¹¹ Trained at Zurich she could not obtain admission to the British Medical Register. Nevertheless she was appointed by a special meeting of the subscribers. However misunderstandings developed between her and the honorary staff and to avoid embarrassment she resigned. In 1877 she obtained an Irish qualification and was then admitted to the Medical Register.

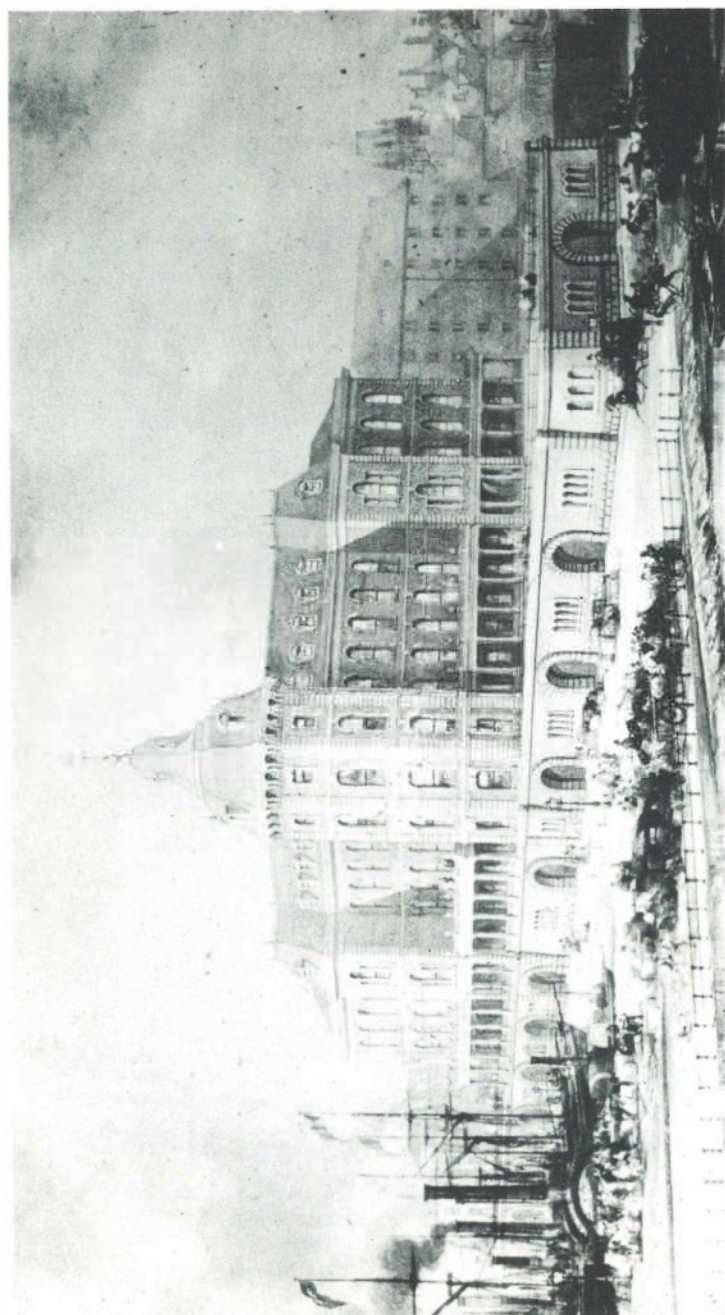
As a result of increasing medical specialisation hospitals and dispensaries for the care and treatment of special conditions gradually became established. In 1810 William Henry Goldwyer, a Bristol Surgeon, with the help of other citizens founded an "Institute for the cure of Diseases of the Eye among the Poor." Two years afterwards an Eye Dispensary was started by Dr. J.B. Estlin and largely financed by him. It was opened at 14 Orchard Street and gave ophthalmic out-patient treatment on two days a week – Sundays and Wednesdays – for about 120 years, at the end of which time it was transferred to the Eye Hospital. It is recorded that in 1815 it treated 170 patients at a total cost of £31.3.5. For a time it was apparently more popular with patients than Goldwyer's Institute, but a proposal in 1845 that they should unite came to nothing. The Eye Hospital, as the latter soon became known, ran into financial difficulties and only remained solvent by spending legacies.¹² From 1848–50 it reached a very low ebb and it is recorded that only one member attended eight consecutive quarterly meetings. However all was altered after Mr. F. Richardson Cross was elected an honorary surgeon in 1882, a post which he held until 1925. Stimulated by his enthusiasm the Committee was galvanised into activity and launched an appeal towards the cost of an extension. This was successful, two adjoining houses in Lower Maudlin Street were purchased and the necessary alterations carried out for a cost of £2,103. The Hospital then had 16

11. See C.J.G. Saunders, *A History of the United Bristol Hospitals*, Bristol, 1965, and also his work on *The Bristol Royal Hospital for Sick Children*, Bristol, 1960.

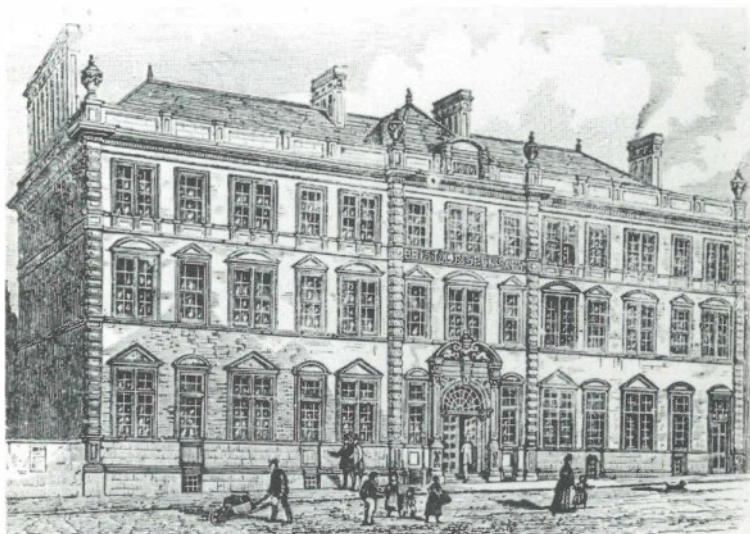
12. C.J.G. Saunders, *The Bristol Eye Hospital*, Bristol, 1960.



Bristol Infirmary 1811



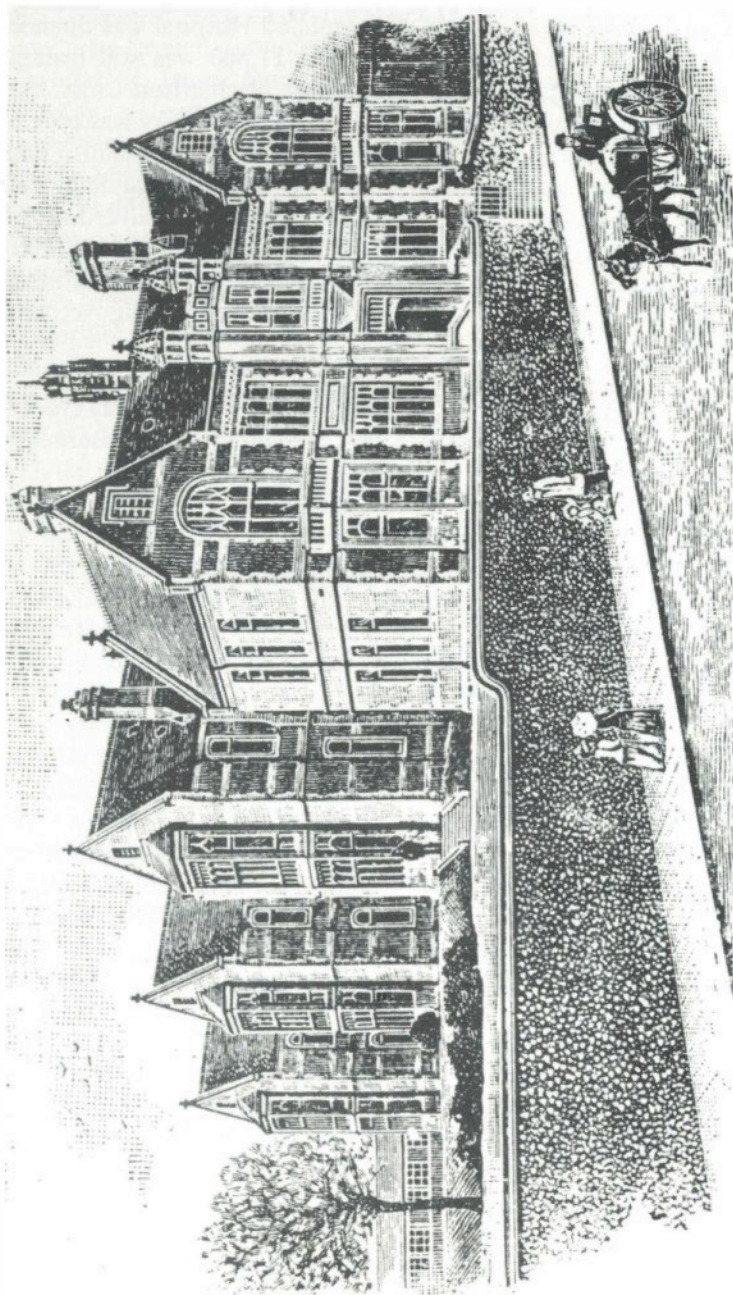
Bristol General Hospital 1858



Bristol Dispensary, Castle Green, 1894



Bristol Eye Hospital 1910



The Children's Hospital 1885

beds and more accommodation for out-patients. In 1898 further extensions were planned, and the extended Hospital was opened in 1901 by the Duke of Beaufort, but £1,600 was still owing. However from then on, largely due to Mr. Richardson Cross, the Eye Hospital prospered. Gradually, adjacent property was purchased and in 1930 a new building was projected. Messrs. Oatley and Lawrence were appointed as architects and the building was formally opened on 21 October 1935. That year the overdraft at the bank was £25,000, but things steadily improved and, unlike most voluntary hospitals, in 1948 at the advent of the National Health Service there was a credit balance in the Building Account of £5,000.

In 1852 a Homoeopathic Dispensary was opened in Queen Square, but shortly afterwards this moved to Upper Berkeley Place, and later still to the Triangle. Thirty-one years later, largely due to the generosity of Miss Charles, 7 Brunswick Square together with an adjoining cottage, was purchased. In 1903 these premises were opened with 12 beds for inpatients. From then on there were a number of extensions. Mr. W. Melville Wills was elected President in 1916 and he purchased Cotham House as a site for a new building to be erected as a memorial to his son Captain Bruce Melville Wills who had been killed in action in 1915. The Hospital was moved in 1920 to Cotham House as a temporary measure, while the new hospital designed by Sir George Oatley was built. This was opened on 20 May 1925 by Princess Helena Victoria. The Brunswick Square premises were sold and the Dispensary and out-patient department moved to Cave Street, Portland Square. For a time patients were also visited in their own homes. Mr. Melville Wills' benefactions continued and in 1957 the Hospital grounds were converted into a most attractive garden in memory of his son Harold Edgar Melville Wills. Thus the present Homoeopathic Hospital owes its existence almost entirely to Walter Melville Wills. He not only built and endowed it, but continually met the annual overdrafts. In 1948 it became a separate entity in the National Health Service, but in 1964 was joined to the United Bristol Hospitals.¹³

In 1857 Dr. Mortimer Granville, a Bristol surgeon, opened

13. See C.J.G. Saunders, *A History of the United Bristol Hospitals*, Bristol, 1905.

premises in Lower Castle Street as a Dispensary for Sick Children and Women.¹⁴ He collected a small group of “interested gentlemen” who formed a committee and a staff and the Dispensary then moved to St. James’ Square. It was hoped that it might be, at least partially, self-supporting as women were charged 1/6d. on first attendance and 3 pence thereafter, children 6 pence and then 1½ pence. Medicine was 6 pence a bottle. But it was frequently in financial difficulties. In 1864 Mr. Mark Whitwill was invited to join the Committee and two years later he was elected President, which post he held until his death in 1903. A member of Highbury Chapel, he was a Liberal in politics. Later he became a City Councillor, Chairman of the Education Board and, as he was interested in temperance, President of the Bristol Band of Hope Union. He had quite different ideas about the Dispensary and quickly persuaded the Committee to found a hospital. This was opened in 1866 in a house in Royal Fort Road with the title of Bristol Hospital for Sick Children and Women. At first there was only one room with nine cots, but despite shortage of money expansion was fairly rapid. This was helped by an annual Children’s Festival given by children of Wesleyan Sunday Schools. The present site at the top of St. Michael’s Hill was purchased in 1861 and the new Hospital with 88 beds and cots and accommodation for seven women was opened in 1885. Mark Whitwill refused to countenance subscriber’s notes or any other form of patronage. He insisted and repeated in every annual report:– “Enough that a child be sick and poor it will be admitted provided there be an empty bed and that the Medical Officers consider the case a suitable one for admission to the hospital.” It was assumed that any women admitted as outpatients or inpatients would be suffering from diseases peculiar to women. This, however, was not always the case. In the early years of this century provision was made for the isolation and care of children with infectious diseases – diphtheria, measles, and scarlet fever. One member of the Committee, Mr. Augustus Phillips, undertook to defray the annual cost of the measles ward, which in one year amounted to £75. Very rarely did ordinary income equal the expenditure, but legacies gradually accumulated. From time to time these had to be used to make necessary improvements and in 1929–31 a major

14. See C.J.G. Saunders, *The Bristol Royal Hospital for Sick Children*, Bristol, 1960.

modernisation was carried out at a cost of £40,145. Two important sources of income were first the Ladies Auxiliary who organised an annual house-to-house collection and in 47 years collected over £60,000, and second the annual collection in public, primary and secondary schools in the Bristol region. The latter resulted over the years in more than £64,000, the Bristol Grammar School alone in 40 years contributing over £10,000. It was in 1897 that by gracious permission of Queen Victoria the “Royal” was added to the hospital’s title. It gradually became clear that the hospital was not really suitable for the treatment of women and this ceased in 1941 and permission was obtained for the hospital to be known as the Bristol Royal Hospital for Sick Children.

The first report of the Hospital published in 1867 set out these objects of the Institute:—

- 1 To provide for the reception, maintenance and medical and surgical treatment of children under twelve years of age, in a suitable building, cheerfully and salubriously placed; to furnish with advice and medicine those who cannot or need not be admitted into the hospital; and also to receive women suffering from diseases peculiar to their sex.
- 2 To promote the advancement of medical science with reference to diseases of women and children, and to provide for the instruction of students in these essential departments of medical knowledge.
- 3 To diffuse among all classes of the community, and particularly among the poor, a better acquaintance with the management of infants and children during health and sickness, and to assist in the education and training of women in the special duties of children’s nurses.

Thus the founders of the Children’s Hospital not only recognised the part it might play in the training of medical students and nurses, but also in the education of the public to promote better infant welfare.

In 1801 there was founded the Bristol Penitentiary or Magdalen House, whose object it was “to return fallen, licentious and miserable women to some order, industry and happiness.”¹⁵ Twenty years later Mr. W.D. Rolfe established the Bristol Lying-in

15. For the records of this charity, see Bristol Record Office: Acc. no. 35722(4).

Institution, but this seems to have ceased with his death. A more important step occurred in the autumn of 1864. At the monthly meeting of the Bristol Female Mission Society a sub-committee was appointed to explore the possibility of founding a Temporary Home for unmarried mothers. This was opened at 9 Alfred Place, Kingsdown, in 1865, but six years later moved to 50 Southwell Street. At first the Home received unmarried mothers before their first confinement for the latter part of their ante-natal period. Arrangements were made for their confinement elsewhere, following which they were received back to learn the management of their babies. Finally the baby was boarded out and the mother helped to find work. But there was a strict rule against admission for a second pregnancy. In 1894 the subscribers agreed that the home should become also a maternity hospital and the title was changed to Temporary Home and Lying-in Hospital. The Southwell Street house was enlarged and by 1903 three beds for married women were provided. During and after the 1914-18 war the emphasis changed to the care of married women and this led to increasing demands on the Hospital necessitating extensions and new buildings. Those who could afford to do so were asked to pay towards the costs, but there were considerable financial difficulties. Despite this in 1935, thanks to contributions from Mrs. Yda Richardson and Mrs. Rowcroft, Carlton House next door was purchased and equipped for the unmarried mothers. In 1939 the last of these were moved to the Mothers and Babies Home maintained by the Bristol Diocesan Moral Welfare Association. Thereafter, with 80 beds the hospital became a full maternity hospital and was recognised for the training of midwives. Much of this later development was due to the work and inspiration of Miss N.B. Deane. Appointed in 1934 she earned an International reputation, was President of the Royal College of Midwives from 1952 to 1958 and President of the International Confederation of Midwives from 1954 to 1957. At the inception of the National Health Service the Maternity Hospital became part of the United Bristol Hospitals.¹⁶

In 1876 Mr. C.J. Collins Pritchard with a group of friends founded a Home for Crippled Children at 34 Richmond Terrace, Clifton. The objects of the home as set out in the appeal for funds was to

16. See C.J.G. Saunders, *The Bristol Maternity Hospital*, Bristol, 1961.

furnish the children “with a moderate education and at the same time to give them the advantage of good food and nursing and pure fresh air, with skilful medical supervision which it is hoped will, under God’s blessing, alleviate and in possibly some cases remedy the physical defects under which they suffer.” A Committee of 15 was elected and an honorary physician and surgeon appointed. In view of the shortage of money it was laid down that a payment of £12 a year for all children should be guaranteed by a patron or friend. This payment was not infrequently made by the relevant Poor Law Board. In 1881 the Home moved to Clifton Wood House, which provided more accommodation and a large garden. Four years later there was another move to 17 Whiteladies Road. It was hoped that this move to a more conspicuous position would increase subscriptions, a hope that was by no means realised. At this time Mr. Richardson Cross, who played such a large part in the development of the Eye Hospital, was the Honorary Surgeon to the Home. Under his stimulus a building fund was established and in 1893 there was another move, this time to Grove Road, Redland. At the same time the name was changed to Orthopaedic Hospital and Home for Crippled Children. The year 1922 saw the foundation of the Bristol Crippled Children’s Society, largely due to the enthusiasm of Miss F.M. Townsend. One of its objects was to secure further open air hospital accommodation for Bristol children and a public appeal was launched in 1924. Twelve months later the Crippled Children’s Society and the Orthopaedic Hospital joined in a plan to build an open air children’s hospital and school in the country at Winford. Added impetus was given to this plan when Dr. Carey Coombs persuaded the Society that children suffering from heart disease due to acute rheumatism were equally crippled as those with a paralysed limb and needed the same sort of treatment, i.e. long-term hospital treatment and fresh air. Sir George Oatley was appointed as architect and gave his services free. The hospital was opened with 56 beds in May 1930 and provided not only hospital care, but full schooling with full-time teachers. It was thus one of the first Hospital Schools to be established in this country. Although built by voluntary contributions and there were a few “free beds”, the Local Education Authorities were required to meet the cost of maintenance for most of the patients. In 1936 a new ward extension of a further 52 beds was completed. This was largely made possible by a donation of £10,000 from Bristol Housing Ltd. However since the extension necessitated a larger

nurses' home and other accommodation, there was a large deficit. During the 1930's the majority of the children admitted were suffering from rheumatic heart disease. With the outbreak of war in 1939 under the Emergency Medical Service a new block of 160 beds was built for the admission of adult orthopaedic patients. This was, of course, entirely financed by the Ministry of Health and was a forecast of the National Health Service.

There was only one voluntary hospital founded in the Bristol area in the twentieth century and that is Cossham Memorial Hospital at Kingswood. This resulted from the legacy of one man – Handel Cossham. He was a colliery owner, lay preacher and Liberal member of Parliament for Bristol East. Dying in 1890 he left all his estate, after his wife's death, to build and endow a "hospital for the relief of sick and injured persons of both sexes." His wife died in 1896, but by this time the best seams of coal in his pits were becoming depleted and the trustees were unable to sell the collieries at a satisfactory price. The main trustee became so worried that he was unable to act and the estate was put in the Court of Chancery. This led to much delay and the hospital was not opened until 1907. By then costs had risen and the income from endowment was insufficient and thus finance was an immediate problem. However, by means of local appeals, carnivals, etc., it remained solvent and in 1938 a small extension was built. With the advent of the National Health Service, Cossham Hospital was combined with the Emergency Medical Service Hospital built at Frenchay.

It is interesting to see how nearly always the foundation of these voluntary institutions was due to the drive and enthusiasm of one or two men. It is true that they were usually able to gather together a group of collaborators, but without their initiative it appears that nothing would have been effected. The Infirmary was largely due to John Elbridge and John Bonython, the General Hospital to George Thomas and Joseph Eaton, the Eye Dispensary to Mr. Estlin and the development of the Eye Hospital to Mr. Richardson Cross, and so on.

The ever-recurring problem of debt was to be typical of the voluntary hospitals throughout the two hundred and more years of their invaluable existence. Yet, as illustrated by the history of both the Bristol Infirmary and the General Hospital, the Governors were stimulated time and again to embark on necessary altera-

tions, improvements and extensions. Once convinced of the desirability of such expenditure they did not hesitate to undertake it, confident that somehow or other the funds would be provided by the public. However, by the end of 1939–45 war their debts were such that it is difficult to imagine how they could have survived. They were, of course, taken over by the National Health Service and their debts liquidated by the State on 5 July 1948. This also abolished the need for the Dispensaries whose funds were ultimately vested in the Bristol Municipal Charities. Nevertheless the desire to do something to help the sick persisted in several different ways. For instance, in 1969 a group of doctors and laymen met under the chairmanship of Professor A.V. Neale to consider what could be done in Bristol to improve the care of patients with terminal illness, particularly those suffering from cancer. Professor Neale's death delayed progress for a time, but in 1973 the project was revived with Mr. A.M. Urquhart as chairman and St. Peter's Hospice was born.¹⁷ At first it only provided domiciliary care and nursing for the patient and, all important, advice and support for the family. It soon became clear that some beds were necessary for patients who could no longer be adequately nursed at home or temporarily to give the family a break. A house was acquired at Knowle to which the first patients were admitted in May 1979. Although the Hospice received some initial financial help from the Regional Health Authority, it is organised and financed entirely on a voluntary basis and has been particularly generously supported by Mr. John James. In the period April 1981 to March 1982 it helped over 150 patients. Other voluntary efforts continue to do much to improve the care and happiness of hospital patients. For instance in the Royal Infirmary the Women's Royal Voluntary Service among other things visits patients in the wards with a mobile telephone, thus enabling them to keep in touch with the outside world, provides a hospital shop and ward trolley service, and arranges patients' flowers. Nearly all hospitals have a Guild of Friends or the equivalent. At the Children's Hospital the Guild of Friends defrayed the cost of glazing the ward balconies and at Winford they provided a new chapel. At Winford also the Bristol Round Table funded the building of a hydrotherapy pool.

17. H.K. Bourns, 'St. Peter's Hospice', *Bristol Med.-Chi. Journal*, xcvi, 12 (1981).

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